



**King County Sheriff's Office
Personnel Commendation Report (Web Version)**

Please complete this form by typing or by printing clearly in blue or black ink.

1. Information About the Person Making the Commendation

We need this information so that we can contact you.

YOUR NAME	YOUR DATE OF BIRTH
YOUR ADDRESS (CITY, STATE, ZIP CODE)	
YOUR HOME PHONE NUMBER ()	YOUR WORK PHONE NUMBER ()

2. Information About the Incident or Reason You Are Making the Commendation

LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEASE BE SPECIFIC.	
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCIDENT TOOK PLACE:
THE NAME OF THE EMPLOYEE(S):	
SUMMARY OF WHAT HAPPENED:	

3. Today's Date:

4. Mail this form to:

Attn: Internal Investigations Unit
King County Sheriff's Office
Mail Stop KCC-SO-100
516 Third Avenue
Seattle, WA 98104